

MAR 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ColeRegistration District No. 213File No. 5607Township TaosPrimary Registration District No. 5296BRegistered No. 91City Taos(No. St. Ward)2. FULL NAME Conrad Arnold Kramer(a) Residence, No. Taos, Mo. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elizabeth Kramer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>55</u>	<u>7</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Taos, Mo.
(STATE OR COUNTRY)13. NAME Joseph Conrad Kramer14. BIRTHPLACE (CITY OR TOWN) Taos, Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Mary Castrop16. BIRTHPLACE (CITY OR TOWN) Westphalia, Mo.
(STATE OR COUNTRY)17. INFORMANT Mrs. Eliz. Kramer
(ADDRESS) Taos, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Taos, Mo. DATE Feb. 18, 3719. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.20. FILED 2/18/1937 Subj. M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 3722. I HEREBY CERTIFY, That I attended deceased from 1-25, 1937 to 2-16, 1937I last saw him alive on 2-17, 1937. Death is said to have occurred on the date stated above, at 6.0 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus

Ho

Other contributory causes of importance:

Name of operation X-Ray Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 1937Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury
Nature of injury 24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) J. M. Gilham, M. D.(Address) Jefferson City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

